

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 11/01/2004		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 11/02/2004						
		FINANCIAL PAYER: NCDMM						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAIN M H/DD/SAS	11	7181	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8505	856	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	8059	8084	25
		8800	22	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404902	BLUE RIDGE COMM UNITY	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404904	WESTERN HIGHLAN DS LME	11	146	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	100	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	10	297	874	577
		8518	14	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
3404905	TREND COMM MENT AL HLTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404907	RUTHERFORD-POLK	8526	2	ATTENDING PROVIDER NUMBER IS R EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A				
		0	0		0	2	2	0
3404910	PATHWAYS	21	943	DUPLICATE OF CLAIM-SYSTEM				
		8599	839	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	6	2379	13658	11279
		10	212	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404912	CATAWBA COUNTY ENTAL HEALT	8931	52	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8932	35	CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	100	170	866	696
		8599	34	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404913	MECKLENBURG COM ENTAL HEALT	11	1444	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8933	433	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	701	2740	6183	3443
		8599	367	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404916	CROSSROADS BENA	8517	474	CLAIMS DENIED, SUBMITTED BEYON				
	VIORAL HEAL			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		8518	309	CLAIM DENIED, SUBMITTED BEYOND	1	968	6052	5084
				FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
		8599	109	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404917	CENTERPOINT HUM	11	602	CLIENT NOT ELIGIBLE ON SERVICE				
	AN SERVICES			DATE				
		8599	171	DETAIL NOT COVERED BY COMBINAT	53	1064	4078	3014
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	62	DUPLICATE OF CLAIM-SYSTEM				
3404918	ROCKINGHAM CO M	8599	440	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	53	DUPLICATE OF CLAIM-SYSTEM	60	620	3554	2934
		8935	44	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404919	GUILFORD CO MEN	8599	392	DETAIL NOT COVERED BY COMBINAT				
	TAL HEALTHC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8517	256	CLAIMS DENIED, SUBMITTED BEYON	114	1057	10293	9236
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		8518	152	CLAIM DENIED, SUBMITTED BEYOND				
				FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
3404920	ALAMANCE CASHEL	27	20	DIAGNOSIS CODE MISSING OR INVA				
	L AREA M&D			LID. VERIFY AND ENTER THE				
				CORRECT DIAGNOSIS CODE AND SUB				
		537	20	PROCEDURE IS NOT COVERED FOR T	4	66	365	299
				HIS DATE OF SERVICE				
		8599	20	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404921	ORANGE PERSON C	21	2368	DUPLICATE OF CLAIM-SYSTEM				
	HATHAM AREA							
		5312	1457	PRIOR AUTHORIZED DOLLARS EXCEE	75	5077	11831	6754
				DED				
		8599	666	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404922	THE DURHAM CENT	11	60	CLIENT NOT ELIGIBLE ON SERVICE				
	ER			DATE				
		0	0		0	60	60	0
3404923	VGFW AREA AUTHO	11	233	CLIENT NOT ELIGIBLE ON SERVICE				
	RITY			DATE				
		8599	117	DETAIL NOT COVERED BY COMBINAT	0	428	3278	2850
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	43	DUPLICATE OF CLAIM-SYSTEM				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404925	SANDHILLS CENTE R FOR MH/DD	21	1633	DUPLICATE OF CLAIM-SYSTEM				
		8599	573	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	132	2959	6472	3513
		120	178	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404926	SOUTHEASTERN RE G MENTAL HL	11	326	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	188	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	202	1104	5028	3924
		8935	112	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404927	CUMBERLAND CO M HC	8505	1365	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	207	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	1753	3849	2096
		11	46	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404929	LEE HARNETT MHL/ DD/SAS	11	93	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8952	55	CLAIM DENIED DUE TO AGE RESTRI CTIONS FOR TARGET POPULATION	0	165	595	430
		8599	11	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404930	JOHNSTON COUNTY MNTL HLTC	8931	30	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8935	9	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	39	45	324	279
		11	3	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404931	WAKE CO HUM SVC BILLING OF	11	306	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	10	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	6	329	390	61
		8935	6	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404932	RANDOLPH/SANDHI LLS CO MH C	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404933	SOUTHEASTERN CT R FOR MH/DD	11	46	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8931	29	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	43	143	2787	2644
		191	16	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404934	ONSLow COUNTY B ENAVIORAL H	21	158	DUPLICATE OF CLAIM-SYSTEM				
		8952	71	CLAIM DENIED DUE TO AGE RESTRI CTIONS FOR TARGET POPULATION	0	481	1570	1089
		8599	66	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8931	31	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		21	19	DUPLICATE OF CLAIM-SYSTEM	41	97	1964	1867
		8952	15	CLAIM DENIED DUE TO AGE RESTRI CTIONS FOR TARGET POPULATION				
3404937	EDGEcombe NASH MNTL HLTH C	8517	105	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		21	24	DUPLICATE OF CLAIM-SYSTEM	2	146	1234	1088
		5404	7	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404938	VGFw DBA RIVERS TONE COUNSE	24	20	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI				
		8931	7	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	17	44	371	327
		8935	6	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404939	NEUSE MENTAL HE ALTH CENTER	8599	146	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	100	CLIENT NOT ELIGIBLE ON SERVICE DATE	4	431	1859	1428
		21	57	DUPLICATE OF CLAIM-SYSTEM				
3404941	PITT CO MH/DD/S AS CENTER	8599	642	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		120	308	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	117	1376	4192	2816
		537	88	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404942	ROANOKE CHOWANN	8599	122	DETAIL NOT COVERED BY COMBINAT				
	UMAN SERVICE			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	12	AMTNC INELIGIBLE TO RECEIVE SE	24	173	1896	1723
				RVICES IN IPRS.				
		8935	10	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404943	ALBEMARLE MENTA	11	175	CLIENT NOT ELIGIBLE ON SERVICE				
	L HEALTH CE			DATE				
		21	116	DUPLICATE OF CLAIM-SYSTEM	74	711	3538	2827
		8599	101	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404944	EASTPOINTE HUMA	11	61	CLIENT NOT ELIGIBLE ON SERVICE				
	N SERVICES			DATE				
		8931	40	AMTNC INELIGIBLE TO RECEIVE SE	66	183	2086	1903
				RVICES IN IPRS.				
		8621	24	60 RESIDENTIAL LEVEL III TREAT				
				MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
3404946	FOOTHILLS AREAM	8599	610	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	575	CLIENT NOT ELIGIBLE ON SERVICE	61	1785	8127	6342
				DATE				
		143	321	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
3404957	TIDELAND MENTAL	537	115	PROCEDURE IS NOT COVERED FOR T				
	HEALTH CTR			HIS DATE OF SERVICE				
		8931	41	AMTNC INELIGIBLE TO RECEIVE SE	88	257	957	700
				RVICES IN IPRS.				
		8935	31	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404959	DAVIDSON CO MEN	0	0	*** NO DATA TO REPORT ***				
	TAL HLTH CT							
		0	0		0	0	0	0
3404979	NEW RIVER AREAM	11	114	CLIENT NOT ELIGIBLE ON SERVICE				
	H/DD/SA PRO			DATE				
		21	27	DUPLICATE OF CLAIM-SYSTEM	12	164	1865	1701
		8931	9	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				